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PTC/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.138(a) | | | Docket Number (Options |) received | |
|---|---|--------------------------------|---|--|----|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | 6169-143 | CENTRAL FOX CE | |
| Application Number 09/800,330 | | | Filed MARCH 6, 20 | 001 MAY 5 20 | กร |
| For METHOD AND APPARATUS FOR REPURPOSING FORMATTED CONTENT | | | | | |
| Art Unit 2179 | | | Examiner CAMPBELL, JOSHUA D. | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | | Eeg. | Smal Entity Fee | s 120.00 | |
| ! | One menth (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 | |
| | wo rionths (37 CFR 1.17(a)(2)) | \$450 | \$225 | ss | |
| □ т | hree months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | s | |
| F | our (nonths (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| F | ive months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | s | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| A chack in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0851 have enclosed a duplicate copy of this sheet. | | | | | |
| WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038. | | | | | |
| | | | | | |
| 1 am the pplicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number 52,667 | | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if spting under 37 CFR 1.34 | | | | | |
| Som & Berch | | | MAY 05, 2005 | | |
| Signature | | | | Date | |
| BRIAN K. BUCHHEIT | | | <u>561-653-50</u> | · | |
| Typed or printed name | | | • | multiple forms If more than one 8000000000000000000000000000000000000 | |
| NOTE: Signatures of all the inventors or essignees of recost of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, at a below. | | | | | |
| Total of forms are submitted. This explication of information is required by 37 CFR 1.198(a). The information is required to obtain or retain a benefit by the public which is to file (and by the This explication of information is estimated to take 8 minutes to | | | | | |
| This collection of Inf | formulan la required by 87 CFR 1.198(a). The Info | manion is required to obtain (| or retain a beneax by the pugation is est | Which is to file (and by the Complete to C | |

This exploses on the maintain is required by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This explosition is estimated to take 8 militaries under the USPTO to proceed an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This explosition is estimated to take 8 militaries complete, including gathering, preparing, and submitting the complete depolation for the USPTO. Time vito says depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED U.S. Patant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

FORMS TO THIS ADDRIESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need excisionce in completing the form, oall 1-800-PTO-0199 and :wiect option 2.